

SERVICE AGENCY APPLICATION WEIGHTS AND MEASURES

☐ NEW APPLICATION ☐ UPDATED APPLICATION REGISTRATION NO.

COMPLETE PER INSTRUCTIONS ON BACK. ATTACH ADDITIONAL SHEETS IF NECESSARY

SERVICE AGENCY INFORMATION

1. CORP. <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SOLE OWNER <input type="checkbox"/> LLC <input type="checkbox"/> LP <input type="checkbox"/>			2 a. NAME, TITLE AND ADDRESS OF SOLE OWNER, PARTNERSHIP & CORPORATION OFFICERS (1) 						(2) 				
2. BUSINESS NAME <div style="border: 1px solid black; height: 40px;"></div>			(3) 						(4) 				
3. MAILING ADDRESS <div style="border: 1px solid black; height: 40px;"></div>			2 b. NAME & ADDRESS OF PERSON IN CALIFORNIA AUTHORIZED TO ACCEPT SERVICE OF SUMMONS <div style="border: 1px solid black; height: 40px;"></div>										
CITY		STATE	ZIP		EMAIL ADDRESS				SERVICE AGENCY START DATE				
TELEPHONE		FAX NUMBER											
4. PRIMARY MAINTENANCE LOCATION INFORMATION					7. ADDITIONAL MAINTENANCE LOCATION INFORMATION			8. AGENT INFORMATION (Print or Type Names)					
STREET ADDRESS					7 a. STREET ADDRESS			1. NAME					
CITY		STATE	ZIP		CITY		STATE	ZIP		SERVICE AGENT LICENSE NO.			
COUNTY		TELEPHONE			COUNTY		TELEPHONE		2. NAME				
5. INDICATE TYPE OF DEVICE(S):					7 b STREET ADDRESS			SERVICE AGENT LICENSE NO.					
<div style="display: flex; flex-direction: column; gap: 5px;"> <div>A <input type="checkbox"/> Retail Meter</div> <div>B <input type="checkbox"/> Wholesale Liquid Meters</div> <div>C <input type="checkbox"/> Electric Watthour Meters</div> <div>D <input type="checkbox"/> Retail Market Scales</div> <div>E <input type="checkbox"/> Other Scales</div> <div>F <input type="checkbox"/> Taximeters-Odometers</div> <div>G <input type="checkbox"/> Moisture Meters</div> <div>H <input type="checkbox"/> Farm Milk Tanks</div> <div>I <input type="checkbox"/> Water Vendors</div> <div>J <input type="checkbox"/> Vapor Meters</div> <div>K <input type="checkbox"/> Propane Liquid</div> <div>L <input type="checkbox"/> Mailing Systems</div> <div>M <input type="checkbox"/> Other</div> </div>					CITY		STATE	ZIP		3. NAME			
					COUNTY		TELEPHONE			SERVICE AGENT LICENSE NO.			
					7 c. STREET ADDRESS					4. NAME			
					CITY		STATE	ZIP		SERVICE AGENT LICENSE NO.			
					COUNTY		TELEPHONE			5. NAME			
					7 d. STREET ADDRESS					SERVICE AGENT LICENSE NO.			
					CITY		STATE	ZIP		9. FEES			
					COUNTY		TELEPHONE						
6. SIGNATURE OF APPLICANT					COUNTY		TELEPHONE		PRIMARY LOCATION		\$200.00		
<div style="display: flex; align-items: center;"> <div style="font-size: 2em; margin-right: 10px;">➔</div> <div style="border: 1px solid black; width: 200px; height: 30px;"></div> </div>					7 e. STREET ADDRESS			NO. OF		ADD'L LOCATIONS @ \$100.00			
PRINTED NAME					CITY			NO. OF		AGENTS @ \$25.00			
TITLE					COUNTY		TELEPHONE		TOTAL REMITTANCE				
DATE		TELEPHONE			DO NOT SEND CASH								

INSTRUCTIONS

Indicate if new, or updated application with registration number.

1. Check the box that applies to the ownership of the business.
2. This is the person(s) or corporation(s) that owns the business. If the business is a corporation or limited liability company (LLC), show the corporation name only. This is the name that will appear on the service agency registration certificate.
 - 2a. List the name, title, and address for the sole owner, members of a partnership, limited partnership (LP), officers of a corporation, or limited liability company (LLC).
 - 2b. If the business is a corporation or a limited company, indicate the name of the authorized agent to accept service of legal notice.
3. The mailing address is the location where all correspondences will be mailed. Provide a daytime telephone number we can call if additional information is needed. Your email and fax number are optional. Please enter the date you first repaired or will repair commercial devices.
4. Enter the address of your primary location in the area.
5. Please check the appropriate boxes for the type of device(s) on which your company works.
6. This signature shall be that of a person who has the authority to act as a legal representative for the agency along with the telephone number.
7. If you have additional maintenance locations, please enter them in 7a, 7b, and 7c, etc. Use additional sheets if necessary.
8. Please list agent's name and their service agent license number.
9. The fees are for this initial application. If additional locations or agents are added, additional appropriate fees are required PRIOR TO OPERATION, otherwise penalties will apply.

IT IS THE SERVICE AGENCY'S RESPONSIBILITY TO KEEP ALL INFORMATION AND FEES CURRENT.

If you need additional information, write the Division of Measurement Standards, 6790 Florin-Perkins Road, Suite 100, Sacramento, CA 95828-1812, telephone (916) 229-3000, fax (916) 229-3055, or refer to the Service Agency's web address: <http://www.cdffa.ca.gov/dms/InfoGuides/RSA.htm>, e-mail address: DMS@cdffa.ca.gov.

The Department of Food and Agriculture has established time periods for the processing of permit applications in compliance with Government Code Sections 15274-15378. Failure to comply with these time periods may be appealed to the Secretary of Food and Agriculture, 1220 N Street, P.O. Box 942871, Sacramento, CA 94271-0001, pursuant to regulations set forth in Title 3, California Code of Regulations, Section 300. Under certain circumstances, the Secretary may order that the applicant receive reimbursement of filing fees.